U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 2666	2. Fiscal Year Covered From:
	7 / 1 / 2004 Through: 12 / 3/ / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name DAVID F. RAIKES	Name LABORENS LOCAL UNION 393
	Labor Organization File Number 202110
P.O. Box, Bldg., Room No., If any P.O. Box 114	P.O. Box, Building and Room Number, if any
Street 2551 EAST 4.5, RT. 6	Street 142 Lincoln STi
CHY MAKSEILLES	CHY MARSEILLES
State 7.4. ZIP Code + 4 (-1341	State FLC ZIP Code + 4 G1341
5. Position in labor organization. Bus, MNIL.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
monetary value from an employer whose employees your organizat	on represents or is actively seeking to represent.
o. Name and address of Employer (and don't also marrie, if any). I	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (Including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
Name Trade Name, if any:	
Name  Trade Name, If any:  P.O. Box, Bidg., Room No., If any	
Name  Trade Name, if any:  P.O. Box, Skig., Room No., if any  Street	
Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	
Trade Name, If any:  P.O. Box, Bidg., Room No., If any  Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of	ature  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the

Name of Person Filing	File Number U- 2666
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). $N/A$	9. Business deals with: N/A
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Section 25 100 200 200 200 200 200 200 200 200 200	NIA
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
City State ZIP Code + 4	12.a. Nature of interest held or income received.  N/A
	N/A
	12.a. Nature of interest held or income received.  N/A  12.b. Amount.
	12.b. Amount.
State ZIP Code + 4  C. Received from any employer (other than an employer covered under	12.b. Amount.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	12.b. Amount.  12.b. Amount.  12.b. Amount.  12.b. Amount.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant  (including trade name, if any).	12.b. Amount.  12.b. Amount.  12.b. Amount.  12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant /////A  Name	12.b. Amount.  12.b. Amount.  12.b. Amount.  12.b. Amount.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant  (including trade name, if any).  Name  Trade Name, if any:	12.b. Amount.  12.b. Amount.  12.b. Amount.  12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant N/A  (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City	12.b. Amount.  12.b. Amount.  12.b. Amount.  12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street	12.b. Amount.  12.b. Amount.  12.b. Amount.  12.b. Amount.

## SECTION A REPORTABLE TRANSACTIONS

1. Do you, your spouse or minor child work for a signatory employer?

(If YES, go to Question 2. If NO, go to Question 3.)

- 2. Are there any special perks or employment benefits associated with this employer that are provided to you, your spouse or minor child due to your position as a union officer/employee? YES NO
  - (If YES, report these details in Section A. If NO, go to Question 3.)
- 3. Did you, your spouse or minor child receive anything of value from any signatory employer? YES NO
  - (Ij YES, report these details in Section A.)
- 4. Have you, your spouse or minor child been a candidate for public office and you received contributions to your campaign effort from a signatory employer? YES NO

(If yes, you must report the amount received in Section A.)

COMMENT: These would be the type of transactions reportable in Section A. If the employment relationship is a bona fide employment relationship in all respects with a signatory employer and nothing of value is received from a signatory employer, there would be nothing to report in Section A.

## SECTION C REPORTABLE TRANSACTIONS

1. Do you, your spouse or minor child work for ANY employer (not listed in Sections A or B) other than a union? YES (NO)

(If YES, go to Question 2. If NO, go to Question 3.)

2. Are there any special perks or employment benefits associated with this employer that are provided to you, your squase or minor child due to your position as a unior officer/employee? YES NO

(If YES, report these details in Section C. If NO, go to Question 3.)

3. Did you, your spouse or minor child receive anything of value from any employers (not listed in Sections A or B) due to your position as a union officer or employee? YES (NO)

(If YES, report this transaction in Section C. If NO, go to Question 4.)

4. Have you, your spouse or minor child ever been a candidate for public office and did you receive contributions to your campaign efforts from any non-signatory employer in the same industry organized by your union? YES NO

(If YES, you must report the amount received in Section C. If NO, go to Question 5.)

## SECTION B REPORTABLE TRANSACTIONS

- 1. Do you, your spouse or minor child: (a) work for any employer or business which provides goods or services to the union, or (b) work for any related trust? YES NO
  - (If YES to either (a) or (b), report the employment and the annual earnings received by you, your spouse or minor child. If NO, go to Question 2.)
- 2. Is there any special perks or employment benefits associated with this employer that are provided to you, your spouse or minor child due to your position as a union officer/employee? YES NO
  - (If YES, report these details in Section B. If NO, go to Question 3.)
- 3. Did you, your spouse or minor child receive anything of value from any employer or business which provides services or goods to the union or from any related trust? YES NO
  - (If YES, report this transaction in Section B. If NO, go to Question 4.)
- 4. Are you, your spouse or minor child a trustee on any union related trust fund? YES NO (If YES, go to Question 5. If NO, go to Question 6.)
- 5. Did you, your spouse or minor child receive anything of value from this trust, including legitimate reimbursed business expenses? YES NO
  - (If YES, report this transaction in Section B. If NO, go to Question 6. NOTE: If al! expense numbursements were paid to you by a union you do not have a reportable transaction.)
- 6. Do you, your spouse or minor child own any portion of any type of business that provides goods or services to the union or any related trust, and a "substantial part" of your business' revenues comes from the union and/or the trust?
  - (If YES, report the amount of payments and benefits you, your spouse or minor child received from your tusiness in Section B. NOTE: The DOL has not defined a "substantial part". We recommend either reporting all transaction associated with the union or trust and/or reporting transactions that exceed 50% of your business revenues. You must also report the percentage of the business that you, your spouse or minor child own. If NO, go to Question 7.)
- 7. Do you, your spouse or minor child own any portion of any type of business and that business receives a "substantial part" of its revenues from a signatory employer? YES NO
  - (If YES, you must report the total amount received by you, your spouse or minor child from your lusiness and the percentage of the business that you, your spouse or minor child own.)